

**BUSINESS PROPERTY  
STATEMENT FOR 201&***(Declaration of costs and other related  
property information as of 12:01 A.M.,  
January 1, 201G)***OFFICE OF TOM J. BORDONARO, JR.  
SAN LUIS OBISPO COUNTY ASSESSOR**  
1055 MONTEREY STREET, SUITE D360  
SAN LUIS OBISPO, CA 93408  
PHONE (805) 781-5643 FAX (805) 781-5641  
WEBSITE: [slocounty.ca.gov/assessor](http://slocounty.ca.gov/assessor)**2012****FILE RETURN BY APRIL 1, 201&****To e-file: [www.calbpsfile.org](http://www.calbpsfile.org)  
BIN:**NAME AND MAILING ADDRESS  
*(Make necessary corrections to the printed name and mailing address)*RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.  
FILE A SEPARATE STATEMENT FOR EACH LOCATION.**PART I: GENERAL INFORMATION**

COMPLETE (a) THRU (g)

- a. Enter type of business: \_\_\_\_\_
- b. Enter local telephone number \_\_\_\_\_ FAX number \_\_\_\_\_  
E-Mail Address (optional) \_\_\_\_\_
- c. Do you own the land at this business location? ☐ Yes ☐ No  
If **yes**, is the name on your deed recorded  
as shown on this statement? ☐ Yes ☐ No
- d. When did you start business at this location? DATE: \_\_\_\_\_  
If your business name or location has changed from last year, enter the former name  
and/or location: \_\_\_\_\_
- e. Enter location of general ledger and all related accounting records (include zip code): \_\_\_\_\_

- f. Enter name and telephone number of authorized person to contact at location of  
accounting records: \_\_\_\_\_
- g. During the period of January 1, 201F through December 31, 201F:
- (1) Did any individual or legal entity (corporation, partnership, limited liability company,  
etc.) acquire a "controlling interest" (see instructions for definition) in this business  
entity? ☐ Yes ☐ No
- (2) If YES, did this business entity also own "real property" (see instructions for definition)  
in California at the time of the acquisition? ☐ Yes ☐ No
- (3) If YES to both questions (1) and (2), filer must submit form *BOE-100-B, Statement of  
Change in Control and Ownership of Legal Entities*, to the State Board of Equalization.  
See instructions for filing requirements.

**PART II: DECLARATION OF PROPERTY BELONGING TO YOU**  
*(attach schedule for any adjustment to cost)*

1. Supplies
2. Equipment *(From line 35)*
3. Equipment out on lease, rent, or conditional sale to others *(Attach Schedule)*
4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land *(From line 71)*
5. Construction In Progress *(Attach Schedule)*
6. Alternate Schedule A *(See instructions)*
- 7.
- 8.

**COST**  
(omit cents)  
*(see instructions)***ASSESSOR'S USE ONLY****10% PEN****PP(V61)****FIXT (V71)****IMP (V73)****TOTAL FCV****PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS – IF NONE WRITE "NONE"**

(SPECIFY TYPE BY CODE NUMBER)

*Report conditional sales contracts that are not leases on Schedule A*

1. Leased equipment
2. Lease-purchase option equipment
3. Capitalized leased equipment
4. Vending equipment
5. Other businesses
6. Government-owned property

Tax Obligation: A. Lessor B. Lessee

9. Lessor's name Mailing address	Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
10. Lessor's name Mailing address					

**OWNERSHIP TYPE (☑)**

- Proprietorship ☐
- Partnership ☐
- Corporation ☐
- Other ☐

**BUSINESS  
DESCRIPTION (☑)**

- Retail ☐
- Wholesale ☐
- Manufacturer ☐
- Service/Professional ☐

**DECLARATION BY ASSESSEE****Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.***I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including  
accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all  
property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at  
12:01 a.m. on January 1, 201G*

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT\*

DATE

NAME OF ASSESSEE OR AUTHORIZED AGENT\* (typed or printed)

TITLE

NAME OF LEGAL ENTITY (other than DBA) (typed or printed)

FEDERAL EMPLOYER ID NUMBER

PREPARER'S NAME AND ADDRESS (typed or printed)

TELEPHONE NUMBER

( )

TITLE

\*Agent: See page 7 for Declaration by Assessee instructions.

**THIS STATEMENT SUBJECT TO AUDIT  
INFORMATION PROVIDED ON A PROPERTY STATEMENT MAY BE SHARED WITH THE STATE BOARD OF EQUALIZATION**

[illegible]

REMARKS:

LOCATION OF PROPERTY

**DISPOSALS** — Information on this property should include the disposal date, method of disposal (transfer, scrapped, abandoned, sold, etc.) and names and addresses of purchasers when items are either sold or transferred.

[illegible]